

Heartland Regional Alcohol and Drug Assessment Center
Comment on the State of Kansas Federal Behavioral Health Block Grant

Heartland Regional Alcohol and Drug Assessment Center (HDADAC) offers the following input to Kansas Department for Aging and Disability Services (KDADS) as it plans for a future RFP for the Behavioral Health Block Grant.

Develop Funding Priorities for an Integrated Behavioral Health System Responsive to Verified Needs

Data

An integrated community behavioral health system would ideally begin with data that clearly demonstrates the need for services identified through a formalized funding priority planning process. Service needs will vary based on:

- Geographic location in the State of Kansas (urban, suburban, rural, or frontier)
- The availability of services in those locations, and
- Rates of substance abuse, mental Health, suicide and gambling that occur in local communities.

To develop a client and community centered delivery model, reliable information and data is needed to inform resource allocation and service delivery needs. Data can be gathered from national, state and local sources including (but not limited to): Public Health Snapshots by State, State Profile of Drug Indicators, State Profiles of Underage Drinking, Hospital Emergency Room Statistics, KDADS - KCPC Database, and KDADS - AIMS database. Service utilization and organizational capacity can be estimated based on data from existing licensed providers including: numbers served, payer source, and wait-list summaries. Mapping technologies can be utilized to reflect both the need for services, and service availability throughout the state in order to target resources to match need in local communities.

Evidence Based Practices

In addition to priorities that respond to documented need, funding should be targeted to programs that can demonstrate a service delivery model that aligns with Evidence Based Practices (EBP) as recommended by national experts such as CSAT/SAMHSA Treatment Improvement Protocols (TIP), Robert Woods Johnson, and others. Being able to clearly articulate program delivery components and the factors that make it successful provides an additional layer of accountability and a means to target performance measures.

Documented Program Outcomes and Continuous Quality Improvement

Program outcomes provide the opportunity for organization and funders to reflect on the impact of services. Continuous Quality Improvement (CQI) processes create an “information loop” that allows the organization to utilize its outcome measures to identify where programs are successful and where improvement is needed. As a manager of Block Grant funds, you can require organizations to demonstrate outcome measures and CQI processes which can be regularly synthesized for transparency and accountability. The reports can be utilized and reviewed in a format that provides for dialog and conversation about what the measures mean. In doing so, trends are identified, as well as areas for improvement, systemic barriers, and ultimately how treatment services are impacting the lives of clients we serve.

Integrated Services that Focus on the “Whole Person”

CSAT/SAMHSA Treatment Improvement Protocol (TIP) 27: Comprehensive Case Management for Substance Abuse Treatment. This protocol indicates that “Substance abusers have better outcomes if their other problems are addressed concurrently”. It recognizes that alcohol and other drug use often

damages many aspects of an individual's life such as mental health, physical health, gambling, housing, employment and relationships. Individuals who receive professional attention for these additional problems see improved functioning in all life domains and a reduction of psychiatric symptoms. This Protocol highlights the Strengths Based Perspective present in Person-Centered Case Management. It provides clients with support and advocacy for accessing needed resources such as mental/physical health and recovery services. It also focuses on the strengths of the individual as a vehicle for directing changes in their lives.

Summary

KDADS/BHS should allocate funding based on funding priorities that:

- Promote services which address issues (need) substantiated through data
- Utilize an evidence-based practice of service delivery framework
- Demonstrate fidelity to the evidence-based practice
- Incorporate an integrated service delivery model that focuses on the whole person
- Document outcomes, results, and/or evaluation

HRADAC Recommendations for Funding Priorities

Expect services to address the "whole-person" through Care Coordination and/or Case Management services. This is the basic tenet of TIP Protocol 27 and Person Centered Case Management. It very closely aligns with the work HRADAC does with the Care Coordination and Case Management work which could prove beneficial for individuals seeking substance abuse treatment and other behavioral health issues.

The current KCPC* assessment tool provides a clinical recommendation of substance abuse treatment need including the appropriate level of care. Assessors make referrals to treatment providers and provide care coordination to assist clients in accessing the appropriate level of treatment. In addition to assessing clinical need for substance abuse treatment, the KCPC assessment tool covers multiple dimensions in a client's life including: mental and physical health, history of abuse, housing, veterans status, etc. to name a few. While it is not a clinical assessment tool for other co-occurring issues, it can certainly be used to identify when a more in-depth screen and follow up services are warranted. Assessment counselors make referrals to local service providers when additional needs are identified, however the amount of time allowable for this follow up is typically limited to making the referral.

Addressing the whole-person *is* client-centered. As SUD providers, we recognize that substance use takes its toll on our client's mental and physical health, employability, and legal status. It is common for co-occurring issues to exist, which compounds or impacts a person's recovery. Matching the "dose" of treatment and recovery services to the severity of addiction in a fiscally responsible manner is always the goal. Broadening the scope of services funded through block grant dollars may open the network to new and different ways of treating addiction. For example, a person assessed early on in the progression of their illness where there are not a lot of additional co-occurring issues might, in addition to a treatment recommendation, include a Recovery Coach who will help connect clients to the recovery community. Clients who have more pressing needs would have access to a Care Coordinator who not only makes recommendations for SUD treatment, but also facilitates direct referrals and appointments with mental or physical health providers, and/or other entities such as the criminal justice or child welfare systems. An individual whose substance use has progressed to a chronic level and have experienced multiple unsuccessful treatment episodes, may have a recommendation that includes an Intensive Case Manager and a Recovery Coach to facilitate a more intensive and focused case management service with the primary goal of safety and risk reduction. For others who are further

progressed in their addiction, Block Grant funds could be expanded to include Medication Assisted Treatment (MAT), which is recognized nationally as an innovative and effective approach to SUD services.

Heartland RADAC suggests that Block Grant funding be broadened to support a deeper level of Care Coordination, Case Management, and Recovery Coach Services (Peer Support) so our client's whole person, co-occurring needs, are addressed simultaneously. Heartland RADAC believes that in doing so, the addiction process may be interrupted earlier preventing further progression leading to more costly inpatient treatment needs.

**HRADAC recognizes that the KCPC tool may change in the future.*

Heartland RADAC thanks you for the opportunity to provide input. In summary, we suggest the development of funding priorities based on data; allowing for deeper care coordination following assessments (broaden the definition, adjust payment structure); and customizable treatment recommendation that include: Care Coordinators, Case Managers and Recovery Coaches.